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FORM D			TED STATES	_	OMB APPROVAL
	ED CO	•	EXCHANGE COMMISSION gron, D.C. 20549	1	OMB Number: 3235-007
The second second	The state of the s	.,	Ston, D.C. 2034)		Expires:
	0 6 2006)	DRM D		Estimated average burden hours per response16.0
	13/	NOTICE OF SA	LE OF SECURITI	ES	SEC USE ONLY
28	190		O REGULATION I	1.7	Prefix Serial
	6 190/3		1 4(6), AND/OR		DATE RECEIVED
<u> </u>		ORM LIMITED	OFFERING EXEN	IPTION	
Name of Offering (PATRIOT 2006-A PF	RODUCTION PROG	RAM	nged, and indicate change.)		
Filing Under (Check box Type of Filing: N	(es) that apply): New Filing Amenda		Rule 506 Section 4(6) ULOE	
		A. BASIC IDE	NTIFICATION DATA		
1. Enter the information	on requested about the i	ssuer	•		
		nent and name has change	d, and indicate change.)		06064425
PATRIOT 2006-A PR					
Address of Executive Of			Street, City, State, Zip Code)	Telephone 972-671-22	e Number (Including Area Code)
Address of Principal Bus			d Street, City, State, Zip Code		ne Number (Including Area Code)
(if different from Execut	ive Offices)		PROCESSED		
Brief Description of Bus	the state of the s	*	- IOOLOGED	7	
OIL AND GAS PROD	UCTION PROGRAM	1	DEC 2 1 2006	ワ	RECEIVED
Type of Business Organi		1			DEC 0 6 2006
corporation business trust		nited partnership, already nited partnership, to be fo	THOMSON other INANCIAL	(please specify	DEC 0 B
Assert on Francisco And Date		Month	Year		190
Actual or Estimated Date Jurisdiction of Incorporation	of incorporation or Org	zanization: [0]9] Enter two-letter U.S. Post:	○ 15	timated ite:	
			ther foreign jurisdiction)		
GENERAL INSTRUCT	IONS				
Federal: Who Must File: All issue:	s making an offering of	securities in reliance on an	exemption under Regulation E	or Section 4(6)), 17 CFR 230.501 et seq. or 15 U.S.6
77d(6).					
and Exchange Commissio	on (SEC) on the earlier o	of the date it is received by	sale of securities in the offering the SEC at the address given crified mail to that address.	ig. A notice is below or, if rec	deemed filed with the U.S. Securities eived at that address after the date of
,			et, N.W., Washington, D.C. 2	0549.	
Copies Required: Five (5) copies of this notice natice of the copies of the copy or bear	nust be filed with the SEC typed or printed signature	C, one of which must be manua	illy signed. Any	y copies not manually signed must b
	quested in Part C, and a				the issuer and offering, any change and B. Part E and the Appendix nee
Filing Fee: There is no i	0	•			
State:			1.		
					ties in those states that have adopte ninistrator in each state where sale
					on, a fee in the proper amount sha
ассотралу this form. Т	his notice shall be filed				ix to the notice constitutes a part of
this notice and must be	completed.			;	
			TENTION —	·	
Failure to file notic	e in the appropriate	states will not resul	t in a loss of the federal (exemption. (Conversely, failure to file the
		iit in a loss of an avai	iadie state exemption uni	iess such exe	mption is predictated on the
filing of a federal n	กเเกิย:	[- * v] +		•	

BON

SEC 1972 (6-02)

ALBASICID NULL CATION DATA		
2. Enter the information requested for the following:		
• , Each promoter of the issuer, if the issuer has been organized within the past five years;		
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition	n of, 10% or more o	f a class of equity securities of the issue
• Each executive officer and director of corporate issuers and of corporate general and ma	anaging partners of	partnership issuers; and
Each general and managing partner of partnership issuers.	.1	•
	1	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) PATRIOT OIL & GAS LLC		
Business or Residence Address (Number and Street, City, State, Zip Code) 1120 W. CAMPBELL ROAD, SUITE 103, LB3, RICHARDSON, TX 75080		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	1	
CUNNINGHAM, DON		
Business or Residence Address (Number and Street, City, State, Zip Code)		
1120 W. CAMPBELL ROAD, SUITE 103, LB3, RICHARDSON, TX 75080		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	□ General and/or
F Salation Control)	Managing Partner
Full Name (Last name first, if individual)		
, ALLEN, JAMES C.	1	
Business or Residence Address. (Number and Street, City, State, Zip Code)	,	
1120 W. CAMPBELL ROAD, SUITE 103, LB3, RICHARDSON, TX 75080	1	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
	1	
Business or Residence Address (Number and Street, City, State, Zip Code)	_ <u>-!</u>	
	1	
Check Box(es) that Apply Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	i	
Business or Residence Address (Number and Street, City, State, Zip Code)	1	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	1	
Business or Residence Address (Number and Street, City, State, Zip Code)	 	
Check Box(es) that Apply: Promoter. Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)	:	
	f	
Business or Residence Address (Number and Street, City, State, Zip Code)		
	, !	
(Use blank sheet, or copy and use additional copies of this	sheet, as necessary)

B. INFORMATION ABOUTO FERING	a disigna supplementations	A A Comment
Has the issuer sold or does the issuer intend to sell to non-accredited invectors in this		Yes No
1: Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in thi Answer also in Appendix, Column 2, if filing und	-	
2. What is the minimum investment that will be accepted from any individual?	1 '	\$ 27,500.00
	1	Yes No
3. Does the offering permit joint ownership of a single unit?	······································	
4. Enter the information requested for each person who has been or will be paid or give	n, directly or indirectly, any	
commission or similar remuneration for solicitation of purchasers in connection with sale If a person to be listed is an associated person or agent of a broker or dealer registered wi	th the SEC and/or with a state	
or states, list the name of the broker or dealer. If more than five (5) persons to be listed a broker or dealer, you may set forth the information for that broker or dealer only.	are associated persons of such	
Full Name (Last name first, if individual)		
	1	
Business or Residence Address (Number and Street, City, State, Zip Code)	1	
Name of Associated Broker or Dealer	!	
Traine of Associated Blokel of Deglet	i ·	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers	1	·- ·- ·
(Check "All States" or check individual States)	! ! !	All States
AL AK AZ AR CA CO CT DE	DC EZ GA	HI ID
	M/A MI MN	MS MO
	ND QH QK	QK PA
RI SC SD TN TX UT VT VA	WA WV WI	WY PR
Full Name (Last name first, if individual)		
Pusings at Pacidon Although the Company of the Comp		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		☐ All States
	DC FL GA	HI ID
	MA MI MN ND OH OK	MS MO OR PA
		WY PR
Full Name (Last name first, if individual)	 	
Tan Name (Bast name 1135, it marriadal)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
Ivalic of Associated Blokel of Dealer	•	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		All States
AL AK AZ AR CA CO CT DE	DC FL GA	HI ID
IL IN IA KS KY LA ME MD	MA MI MN	MS MO
		OR PA WY PR
RI SC SD TN TX UT VT VA	WA WV WI	TI EA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

3 of 9

ota ota	GOMANNO NINGENO NINGENO NINGENO SIENE NE	SESANDUSE OF	ROGEEDS	A Level y Maria
1.	Enter the aggregate offering price of securities included in this offering and the to sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchan this box and indicate in the columns below the amounts of the securities offered already exchanged.	ge offering, check		
	1 Type of Security	1 -	Aggregate Offering Price	Amount Already Sold
11	Debt		¢ .	\$
μ.	Equity			•
<i>!'</i> .	☐ Common ☐ Prefe	I.	P	J
111	Convertible Securities (including warrants)	1	2	s
1	Partnership Interests			<u></u>
				\$ 937,082.00
	Other (Specify) WORKING INTEREST Total DIRECT PARTICIPATION		2,200,000.00	\$ 937,082.00
 i	Answer also in Appendix, Column 3, if filing under ULOE.	•	<u> </u>	\$_007,002.00
2.	Enter the number of accredited and non-accredited investors who have purchased offering and the aggregate dollar amounts of their purchases. For offerings under the number of persons who have purchased securities and the aggregate dollar purchases on the total lines. Enter "0" if answer is "none" or "zero."	Rule 504, indicate		
		• • •	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors			\$
	Non-accredited Investors	í		\$
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.	;		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requeste sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) m first sale of securities in this offering. Classify securities by type listed in Part C	onths prior to the		
	Type of Offering	, ,	Type of	Dollar Amount
	Rule 505	i	Security	Sold
				3
	Regulation A	·····		3
	Total	·····		\$ \$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and d securities in this offering. Exclude amounts relating solely to organization expen. The information may be given as subject to future contingencies. If the amount of not known, furnish an estimate and check the box to the left of the estimate.	listribution of the ses of the insurer.		\$_0.00
	Transfer Agent's Fees	i		s
	Printing and Engraving Costs	1		\$
	Legal Fees		_	\$
	Accounting Fees		لبط	\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)	,	_	\$ 38,500.00
	Other Expenses (identify) ORGANIZATIONAL COSTS			\$ 19,250.00
	Total	···		\$ 57,750.00

C. OFFERING	PRICE NUMBER OF INVESTORS	ing a sample of	PROCEEDS	
b. Enter the difference between the and total expenses furnished in respon proceeds to the issuer."	se to Part C - Question 4.a. This diff	erence is the "adjusted gro	SS	\$
Indicate below the amount of the adj each of the purposes shown. If the check the box to the left of the estima proceeds to the issuer set forth in re	amount for any purpose is not know te. The total of the payments listed m	vn, furnish an estimate an ust equal the adjusted gros	d	
		:	Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees				-
Purchase of real estate			. 🔲 \$	
Purchase, rental or leasing and insta and equipment	llation of machinery	;	provide	
Construction or leasing of plant bui				
. "		l ,	. □ ₃	
Acquisition of other businesses (inc offering that may be used in exchan issuer pursuant to a merger)	ge for the assets or securities of ano	ther	me	Пs
Repayment of indebtedness				
Working capital			. П.¢	. □\$
Working capital	The second secon	-	П¢	. □\$
Other (specify):	· · · · · · · · · · · · · · · · · · ·	<u></u>		· [] •
		<u> </u>		- •
				. 🗆 \$
Column Totals			· 🗆 \$_0.00	\$ 0.00
Total Payments Listed (column total	s added)		s	00
	DEREDERALISIO	NATURE 2 1 2 2 2 2 2	Kaskining .	MANUAL E
the issuer has duly caused this notice to be ignature constitutes an undertaking by the information furnished by the issuer to ssuer (Print or Type)	e issuer to furnish to the U.S. Securi	ties and Exchange Comm	ission, upon writte	tle 505, the following in request of its staff,
PATRIOT 2006-A PRODUCTION PRO		A T	j _	-06
<u> </u>			12-3	-06
lame of Signer (Print or Type)	Title of Signer (Print	ANAGEN		
		· ·		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E SEVESIONALE	
Is any party described in 17 CFR 230.262 presently subject to any of the disqualifi provisions of such rule?	ication Yes No
See Appendix, Column 5, for state respon-	se.
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any D (17 CFR 239.500) at such times as required by state law.	state in which this notice is filed a notice on Form
3. The undersigned issuer hereby undertakes to furnish to the state administrators, up issuer to offerees.	on written request, information furnished by the
4. The undersigned issuer represents that the issuer is familiar with the conditions tha limited Offering Exemption (ULOE) of the state in which this notice is filed and und of this exemption has the burden of establishing that these conditions have been sa	derstands that the issuer claiming the availability
The issuer has read this notification and knows the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and has duly caused this number of the contents to be true and the contents to be tr	otice to be signed on its behalf by the undersigned
Issuer (Print or Type) PATRIOT 2006-A PRODUCTION PROGRAM Signature	12-5-06
Name (Print or Type) Title (Print or Type) MANAGE	EK

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

.) 	N (44 - 147) A			<u> </u>	RENDEX'			NAME OF	rist in a
10 11 11 11 11 11 11 11 11 11 11 11 11 1	Intend to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		(if yes, explana	ification ite ULOE attach ition of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL				·		! !			
AK	×	1	working interest	2	\$137,500.00				x
AZ	×	:	working interest	1	\$27,500.00	1			×
AR	3		1				•		
· CA	×		working interest	2	\$55,000.00				
со						f			
CT									
DE									
DC				i.		1 .			
FL	×		working interest	6	\$165,000.00	1			×
GA	×		working interest	3	\$80,000.00	. :			×
НІ									
ID			1.						
IL									
IN				*****		.,			
IA			1.,						
KS						!	· · · · · · · · · · · ·		
KY				· ·					
LA		<u>,</u>		<u></u>			, 		<u> </u>
ME						<u> </u>	· · · · · · · · · · · · · · · · · · ·		
MD	×		working interest	1 ,	\$36,666.00		-		×
MA	<u>×</u>		working interest	1	\$27,500.00				×
MI	×		working interest	4	\$119,166.0				×
MN			1. W		-				
MS		j							

1	Intend to non-a investor	2 to sell ccredited s in StateItem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО						,			
MT				1.0	-		<u> </u>		1
, NE									<u>'</u>
NV		2 .	· i		<u>.</u>			' 	
NH		!	. :			.,			
, NJ						1	·		
NM	E .								
NY						. !			
, NC		_				į			
ND									
OH	×		working interest	.1	\$27,500.00				
ОК	×		working interest	1	\$27,500.00				
OR	×		working interest	1	\$27,500.00	1			
PA	×	1	working interest	1	\$27,500.00		<u> </u>		
RI			-						an acceptable and a second deposits of
SC		1.							
SD				·					
TN.				1 1		.			
TX	. x		working interest		\$151,250.0	;			
UT.				14 4 4 14 14 14 14 14 14 14 14 14 14 14					
VT			-			,	·		
VA	×		working interest		\$27,500.00				
WA						}			
WV					,				
WI A	· .	#. 11 42							

į. 1		2	3		-	-4		5	
	to non-a	d to sell accredited rs in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY		- ,	·			į			
PR	,								

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